BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

FINAL EXPENSE FORM

Complete and submit to the Accounts Payable Department

This form must be completed when expenses have been advanced or when requesting final reimbursement payment, or when no expenses have been incurred, within **ten (10) days** after returning from a conference/TDA. In order to receive reimbursement for expenses, your attendance must have received proper administrative approval. Proof of attendance (if available, i.e. – photocopy of certificate) must accompany this form, as well as all dated, original, itemized receipts for registration, lodging, meals, transportation, etc. A completed and signed Payment Requisition must be attached for payment to be made or received.

Name _____

School/Building _____

Name of Conference/TDA _____

Address of Conference/TDA _____

Date(s) of Conference/TDA _____

A. REGISTRATION: (_____) $ _____
Company Name

B. LODGING: Hotel Name _____

No. of Nights _____ @ $ _____ _____

C. MEALS: Breakfast $ _____ Lunch $ _____ Dinner $ _____ _____

D. TRANSPORTATION: Air, Train, Bus Fare
or _____ miles by car @ $.50 per mile _____

E. OTHER EXPENSES: (Please itemize)

_____ _____

_____ _____

_____ _____

_____ _____

TOTAL $ _____

TOTAL MONIES ADVANCED $ _____

AMOUNT DUE – EMPLOYEE/DISTRICT $ _____

SIGNATURE: _____ DATE: _____

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